



POJOAQUE
VALLEY SCHOOL DISTRICT

1574 State Road 502
Santa Fe, New Mexico 87506
P: 505-455-2282 / F: 505-455-7152
www.pvs.k12.nm.us

Dr. Melville L. Morgan
Superintendent of Schools

Sondra A. Adams
Associate Superintendent

Michelle M. Ortiz
Business Manager

Staci Mascareñas
Human Resources Director

SUPERINTENDENT’S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION

File/License No. _____

Name: _____ SSN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator’s Name: _____

Signature: _____ Date: _____

SUPERINTENDENT’S VERIFICATION AND RECOMMENDATION

(Please check applicable boxes)

Related Service Provider (ADSAC/PT/PTA/OT/COTA/LPN/OMS/RT/SLP) **School Nurse**

Coach - The coach has 3 years of athletic coaching experience.

Substitute Teacher - The substitute teacher has completed one or more of the following:

has earned 3 college or university semester hours in relevant area of study.

has completed 48 hours in district’s approved professional development.

has provided 270 hours of instructional services as a substitute.

I Verify that Licensee IS satisfactorily demonstrating the essential competencies in the area(s) listed above and is hereby recommended for licensure. (Do not attach licensee’s evaluation.)

Superintendent’s Signature: _____ Date: _____

I Verify that Licensee IS NOT satisfactorily demonstrating the essential competencies in the area(s) listed above and is not recommended for licensure. (Attach licensee’s latest evaluation plus memos of 2 conferences with licensee held at least 90 days apart.)

Superintendent’s Signature: _____ Date: _____

Pojoaque Valley Schools Board of Education

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President

Jeffrey D. Atencio
Vice-President

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